

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
59863684

FILING DATE
03-08-71

APPLICANT'S

	CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
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TOTAL IND.	6											
TOTAL DEP.	25											
TOTAL CLAIMS	29											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST
AVAILABLE COPY